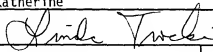


DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: 		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <i>Harvey Wen, Bechtel Power Corp.</i>			
Address <i>5275 Westview Drive</i>			
City <i>Frederick</i>		State <i>MD</i>	ZIP <i>21703-8306</i>
Country <i>USA</i>	Telephone <i>(301) 228-8826</i>	Fax <i>(301) 694-9043</i>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <i>Harvey</i>		Family Name or Surname <i>Wen</i>	
Inventor's Signature <i>Harvey Wen</i>		Date <i>9/8/2003</i>	
Residence: City <i>Boys</i>	State <i>MD</i>	Country <i>USA</i>	Citizenship <i>USA</i>
Mailing Address <i>18301 Thundercloud Rd</i>			
City <i>Boys</i>	State <i>MD</i>	ZIP <i>20841</i>	Country <i>USA</i>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <i>Ram G.</i>		Family Name or Surname <i>Nazula</i>	
Inventor's Signature <i>Ram Nazula</i>		Date <i>9/8/2003</i>	
Residence: City <i>Boys</i>	State <i>MD</i>	Country <i>USA</i>	Citizenship <i>USA</i>
Mailing Address <i>18,326 Fable Dr.</i>			
City <i>Boys</i>	State <i>MD</i>	ZIP <i>20841</i>	Country <i>USA</i>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
Page _____ of _____	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Linda Katherine		Trocki	
Inventor's Signature 		Date 9/8/03	
Residence: City Tiburon	State CA	Country USA	Citizenship US
Mailing Address P. O. Box 193965			
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City San Francisco	State CA	Zip 94119-3965	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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